

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

	1311 rent Period)	,1311 (Prior Period)	NAIC Comp	oany Code	95844	Employer's ID Number	38-2242827
Organized under the Laws o	,	Michigan		. State	of Domicile	e or Port of Entry	Michigan
Country of Domicile		<u> </u>			d States		
Licensed as business type:	Life Accide	ent & Health []	Property	//Casualty [1	Hospital, Medical & Dental S	Service or Indemnity []
,	,	vice Corporation []	. ,	,	•	Health Maintenance Organia	,
	Other []	noo corporation []		•		es[X] No[]	auon [X]
			10 1 1111				
Incorporated/Organized		06/27/1978		_ Commence	ed Business	02/08/	1979
Statutory Home Office		2850 West Grand (Street and Nu			,	Detroit, MI 482 (City, State and Zip 0	
		(Street and Nur	iliber)			, ,	,ode)
Main Administrative Office					est Grand Be treet and Number		
	Detroit, MI 48					313-872-8100 (Area Code) (Telephone Number)	
Mail Address		West Grand Boulevard	i			Detroit, MI 48202	
		et and Number or P.O. Box)	<u> </u>	,		(City, State and Zip Code)	
Primary Location of Books a	nd Records					t Grand Boulevard	
	Detroit, MI 48				(Stree	et and Number) 248-443-1093	
•	ity, State and Zip	Code)			(Are	ea Code) (Telephone Number) (Extens	ion)
Internet Web Site Address				WW	w.hap.org		
Statutory Statement Contact	i	Dianna L Rona (Name)	n CPA			248-443-1093 (Area Code) (Telephone Number) (Extension)
	.org				248-443-8610 (Fax Number)		
	(E-Mail Addre	55)				(i ax inumber)	
			OFF	ICERS			
Name William B Alvin		Title	CEO		Name		Title
William R Alvin Maurice E McMurray		President and Secretary		_	Ronald W Irita B Matth		Treasurer Asst Secretary
			OTHER (OFFICER	RS		
		DIDE	CTORS	OD TOU	OTEE0		
William R Alvin		Nicholas C Ande		OR TRU	ろIEEろ dy Bala-Bru	silow # Ma	arvin W Beatty
William A Conway M	D _	Linda Ewing	9	Laur	en B Foster	CPA# Jo	hn T Gargaro
Jethro Joseph Catherine A Roberts		Jackie Marti Robin Scales-W			William L Pe ancy Schlicl		chard M Popp Decca R Smith
Susie M Wells		Karen A Wezne			arroy cornior		70000 11 0111111
State of	Michigan						
County of	_	ss					
•	•						
above, all of the herein describe that this statement, together wi liabilities and of the condition ar and have been completed in acc	ed assets were th related exh and affairs of the cordance with	e the absolute property of ibits, schedules and exp e said reporting entity as the NAIC Annual Stateme	f the said reportant the first the reporting the reporting the reporting that the reportions in the report in ther	rting entity, free ein contained, a g period stated and <i>Accountin</i>	e and clear from annexed or real above, and compared or above, and compared or and compared or re-	said reporting entity, and that on om any liens or claims thereon, e eferred to, is a full and true state of its income and deductions ther and Procedures manual except to a and procedures, according to the	xcept as herein stated, and ement of all the assets and efrom for the period ended, the extent that: (1) state law
	copy (except	for formatting differences				des the related corresponding ele tatement. The electronic filing ma	
William R	Alvin		Ponc	d W Porn			latthews
President ar				ld W Berry easurer			Secretary
Subscribed and sworn to b	efore me this	6			a. Is b. If	this an original filing?	Yes [X] No []
day of		,				State the amendment number	er <u> </u>
						Date filed Number of pages attached	0
Roderick Irwin Curry Notary August 14 2013							

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers: Federal Employees Health Benefit Plan Detroit Public Schools						
Federal Employees Health Benefit Plan		1,558,255				
Detroit Public Schools	3,978,319	2,822,219				6,800,538
City of Detroit	2,022,127	2,044,050				4,066,177
	40,000,007	0.404.504				40,000,504
0299997 Group subscriber subtotal		6,424,524	0	0	J0	19,820,561
0299998 Premiums due and unpaid not individually listed	5,801,261	777,109				6,578,370
0299999 Total group		7,201,633	0	0	ļ0	26,398,931
0399999 Premiums due and unpaid from Medicare entities	4,352,739					4,352,739
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	23,550,037	7,201,633	0	0	0	30,751,670

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3 31 - 60 Days	4	5	6	7					
Name of Debtor	1 - 30 Days	31 60 Dave	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
0400000 Assessment of annuals and individually listed share	1 - 30 Days	31 - 00 Days	01 - 90 Days	Over 90 Days	Nonaumilleu	Aumitted					
0139998 - Aggregate of amounts not individually listed above.	3,525,529					3,525,529					
0199999 - Totals - Pharmaceutical rebate receivables	3,525,529	0	0	0	0	3,525,529 3,525,529 778,590					
0499988 - Aggregate of amounts not individually listed above.	778,590					778,590					
O199998 - Aggregate of amounts not individually listed above. O199999 - Totals - Pharmaceutical rebate receivables O499998 - Aggregate of amounts not individually listed above. O499999 - Totals - Capitation Arrangement Receivables	778,590	0	0	0	0	778,590					
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0799999 Gross health care receivables	4,304,119	0	0	0	0	4,304,119					

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	_7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	[
0299999 Aggregate accounts not individually listed-uncovered	2,310,541	113,016	26,276	1,608	126	2,451,567
0399999 Aggregate accounts not individually listed-covered	32,918,848	736,449	148,559	4,173	25,644	33,833,673
0499999 Subtotals	35,229,389	849,465	174,835	5,781	25,770	36,285,240
0599999 Unreported claims and other claim reserves						63,219,800
0699999 Total amounts withheld						15,891,25
0799999 Total claims unpaid						115,396,294
0899999 Accrued medical incentive pool and bonus amounts						5,398,310

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
	İ					7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Alliance Health and Life Insurance Co	2,886,363	-			0	2,886,363	
HAP Preferred Inc.	297,966				 _0	297,966	
			·····				
				+			
				·			
	 			+			
				†			
			·	<u> </u>	·		
0100000 Individually listed receivables	3,184,329	0	1 0	0	0	3,184,329	0
0199999 Individually listed receivables	104,020					, 104,020	
0399999 Total gross amounts receivable	3,184,329	0	0	0	0	3,184,329	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	Management fees and reimbursements	1,180,542	1,180,542	
HAP Preferred Inc.	Management fees and reimbursements	542,270	542,270	
		,	, , ,	
0400000 Ladisidadii. listada aasablaa		1 700 011	1,722,811	Λ
0199999 Individually listed payables		1,722,811		U
029999 Payables not individually listed		1 700 011	1 700 011	0
0399999 Total gross payables		1,722,811	1,722,811	U

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		54.2	219,508	64 . 1	702,900,423	157 , 959 , 400
2. Intermediaries	0	0.0		0.0		
3. All other providers	7 , 183 , 772	0.5	123,127	35.9		7 , 183 , 772
4. Total capitation payments		54.7	342,635	100.0	702,900,423	165,143,172
Other Payments:						
5. Fee-for-service		1.9	xxx	XXX	(3,690)	30,790,684
6. Contractual fee payments		41.8	xxx	XXX	72,622,218	590,755,057
7. Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	25,845,355	1.6	xxx	XXX	104,200	25 , 741 , 155
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments	0	0.0	xxx	XXX		
12. Total other payments	720,009,624	45.3	xxx	XXX	72,722,728	647, 286, 896
13. Total (Line 4 plus Line 12)	1,588,053,219	100 %	XXX	XXX	775,623,151	812,430,068

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT I - I AKT Z - COMMAKT OF TRANCAS	EARIDIT 7 - PART 2 - SUMMART OF TRANSACTIONS WITH INTERMEDIARIES											
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized								
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC								
	NONE												
	INCINE												
													
9999999 Totals			XXX	XXX	XXX								

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	6,210,703		5,676,473	534,230	534,230	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	6,210,703	0	5,676,473	534,230	534,230	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit Michigan

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE	OF Michigan			DURING THE YEAR 2	2010			NAIC Company Code		95844
	1	Comprel (Hospital &		4	5	6	7	8	9	10
	2 3 Federal Employees Medicare Vision Dental Health Benefit Total Individual Group Supplement Only Only Plan		Employees Health Benefit	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:										
1. Prior Year	355,949	2,727	299,302				22,543	31,377		
2 First Quarter	339,330	2,538	280,357				22,757	33,678		
3 Second Quarter	338,853	2,448	276,362				22,749	37,294		
4. Third Quarter	341,968	2,402	278,685				22,799	38,082		
5. Current Year	342,635	2,299	279,362				22,764	38,210		
6 Current Year Member Months	4,085,888	29,397	3,345,829				273,113	437,549		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,453,199	10,368	1,101,952				79,868	261,011		
8. Non-Physician	90,177	636	59,382				4,500	25,659		
9. Total	1,543,376	11,004	1,161,334	0	0	0	84,368	286,670	0	
10. Hospital Patient Days Incurred	223,881	1,213	102,254				6,860	113,554		
11. Number of Inpatient Admissions	46,446	207	23,474				1,596	21,169		
12. Health Premiums Written (b)	1,733,243,460	9,893,087	1 , 168 , 101 , 035				105 , 607 , 153	449,642,185		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,733,243,460	9,893,087	1 , 168 , 101 , 035				105 , 607 , 153	449 , 642 , 185		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,588,053,219	9,118,220	1,076,624,212				95,698,989	406,611,798		
18. Amount Incurred for Provision of Health Care Services	1,591,824,877	9,122,935	1,077,180,879				96,229,238	409,291,825		

⁽a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......449,642,185



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit Michigan

							•	(LOCATION)		
NAIC Group Code 1311 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2010			NAIC Company Code		95844
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	355,949	2,727	299,302	0	0	0	22,543	31,377	0	
2 First Quarter	339,330	2,538	280,357	0	0	0	22,757	33,678	0	
3 Second Quarter	338,853	2,448	276,362	0	0	0	22,749	37 , 294	0	
4. Third Quarter	341,968	2,402	278,685	0	0	0	22,799	38,082	0	
5. Current Year	342,635	2,299	279,362	0	0	0	22,764	38,210	0	(
6 Current Year Member Months	4,085,888	29,397	3,345,829	0	0	0	273,113	437,549	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,453,199	10,368	1 , 101 , 952	0	0	0	79,868	261,011	0	
8. Non-Physician	90,177	636	59,382	0	0	0	4,500	25,659	0	
9. Total	1,543,376	11,004	1,161,334	0	0	0	84,368	286,670	0	
10. Hospital Patient Days Incurred	223,881	1,213	102,254	0	0	0	6,860	113,554	0	
11. Number of Inpatient Admissions	46,446	207	23,474	0	0	0	1,596	21,169	0	
12. Health Premiums Written (b)	1,733,243,460	9,893,087	1 , 168 , 101 ,035	0	0	0	105 , 607 , 153	449 , 642 , 185	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,733,243,460	9,893,087	1,168,101,035	0	0	0	105,607,153	449,642,185	0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health Care Services	1,588,053,219	9,118,220	1,076,624,212	0	0	0	95,698,989	406,611,798	0	
18. Amount Incurred for Provision of Health Care Services	1,591,824,877	9,122,935	1,077,180,879	0	0	0	96,229,238	409,291,825	0	

⁽a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......449,642,185

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	413,067,335		413,067,335
2.	Accident and health premiums due and unpaid (Line 15)	30,751,670		30,751,670
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	. 10,934,784		10,934,784
6.	Total assets (Line 28)	454,753,789	0	454,753,789
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	115,396,294	0	115,396,294
8.	Accrued medical incentive pool and bonus payments (Line 2)	5,398,310		5,398,310
9.	Premiums received in advance (Line 8)	14,931,635		14,931,635
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	. 34,060,360		34,060,360
13.	Total liabilities (Line 24)	169,786,599	0	169 , 786 , 599
14.	Total capital and surplus (Line 33)	. 284,967,190	XXX	284,967,190
15.	Total liabilities, capital and surplus (Line 34)	454,753,789	0	454,753,789
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	. 0		
21.	Total ceded reinsurance recoverables	. 0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	. 0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					isiness Only			
States, Etc.		1 Life (Group and individual)	2 Annuities (Group and individual)	3 Disability Income (Group and individual)	4 Long-Term Care (Group and individual)	5 Deposit-Type Contracts	6 Totals	
1. Alabama			-					
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR		-					
5. California			-					
6. Colorado	CO		-					
7. Connecticut			-					
8. Delaware		• • • • • • • • • • • • • • • • • • • •						
9. District of Columbia	DC							
10. Florida			-					
11. Georgia	GA		-					
12. Hawaii			-					
13. Idaho								
14. Illinois	IL					·	-	
15. Indiana	JN		-			-	-	
16. lowa	JA		.					
17. Kansas			.					
18. Kentucky								
19. Louisiana	LA		.					
20. Maine								
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV		_					
30. New Hampshire	HN							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma								
38. Oregon								
39. Pennsylvania	-	• • • • • • • • • • • • • • • • • • • •						
40. Rhode Island		• • • • • • • • • • • • • • • • • • • •						
41. South Carolina						<u> </u>		
42. South Dakota								
43. Tennessee	TN	• • • • • • • • • • • • • • • • • • • •						
44. Texas	TX	• • • • • • • • • • • • • • • • • • • •						
45. Utah								
46. Vermont	VT							
47. Virginia								
48. Washington								
49. West Virginia			1					
•								
50. Wisconsin						†	·	
51. Wyoming						·	-	
52. American Samoa								
53. Guam			l l					
54. Puerto Rico						·	-	
55. U.S. Virgin Islands						ļ	-	
56. Northern Mariana Islands								
57. Canada								
58. Aggregate Other Alien	TO							
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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements		Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-2242827	Health Alliance Plan of Michigan	Dividends	Continuations	investments	Allillate(3)	(620, 470, 999)	Agreements		Dusiness	(620, 470, 999)	rakeri/(Liability)
	38-2513504	HAP Preferred Inc					(620,470,999) 10,081,344				10 081 344	
60134	38-3291563	Alliance Health and Life Insurance Compa					(32 409 150)		1		(32 409 150)	
	38-3291563 38-1357020	HAP Preferred Inc. Alliance Health and Life Insurance Compa. Henry Ford Health System.					(32,409,150) 558,422,472 32,735,200				(32,409,150) (32,409,150) 558,422,472	L
	38-3497140	Henry Ford Wyandotte					32.735.200				32,735,200	l
	38-2791823	First Optometry					L 2.802.962				2.802.962	
	38-2594841	Henry Ford Myandotte First Optometry Detroit Osteopathic Hospital. Henry Ford Macomb Hospital. Henry Ford West Bloomfield.					3.504.419		ļ		3.504.419	ļ
	38 - 1368330	Henry Ford Macomb Hospital					42,317,853				42,317,853	ļ
	38-2947657	Henry Ford West Bloomfield					264,349				264,349	ļ
	26 - 3896897	Downriver Cancer Center					1,357,815				1,357,815	
	38-3193008	HFH-Belmont Nursing					1,384,827		ļ		1,384,827	
	38 - 2433285	P Cor LLC					8,908				8,908	
	38-3322462										0	
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9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

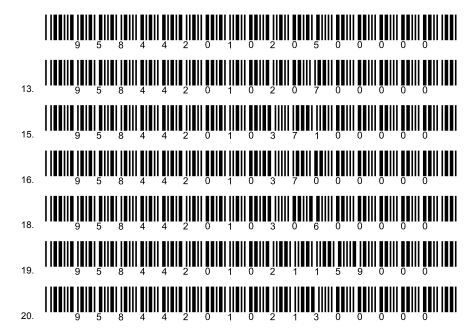
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	VEO
8.		YESYES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? AUGUST FILING	
10.		YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transacthe special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ins.	de will be printed below. If
	MARCH FILING	
11.	"	NO
12.	••	NO
13.		SEE EXPLANATION
14. 15.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	
16.	be filed with the state of domicile and electronically with the NAIC by March 1? Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	NO
10.	domicile and electronically with the NAIC by March 1?	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
18.		N0
19.	··	N0
20.		NO
21.		YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explar	nation:	
11.		
12.		
13.		
14. He	alth Alliance Plan does not have shareholders	
15.		
16.		
17. He	alth Alliance Plan writes Medicare Part D through a Medicare Advantage Plan	
18.		
19.		
20.		
_		

Bar code:



12.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSF	rs -	Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Other Assets.	57 ,843		57 ,843	57 , 843
2505. Other Receivables	12 004		13,904	37 , 791
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	71,748	0	71,748	95,635

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